
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO AND IN FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

NOTICE OF HEARING ON MOTION TO
TERMINATE INCOME WITHHOLDING
ORDER FOR CHILD SUPPORT

A Motion and Affidavit to Terminate Income Withholding has been filed by
(name)_____.

Such Motion will be heard at _____ o'clock __ m. on _____, 20____,
in courtroom number ____ at the _____ County Courthouse, address
_____.

Date _____, 20____.

By _____
Clerk

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Hearing was served: (name all parties in the case other than yourself)

Name: _____ [] By Hand-delivery
Address: _____ [] By US Mail
City, State, Zip: _____ [] By fax to (number) _____

Name: _____ [] By Hand-delivery
Address: _____ [] By Mail
City, State, Zip: _____ [] By fax to (number) _____

Date: _____
Deputy Clerk of the District Court